

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90174 039 \*\*\*\*61.25

**50035662**



01252005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N02000002953</b> 1. Entity Name <b>WATERSIDE V AT BAY BEACH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>PO BOX 308 FT. MYERS BEACH, FL 33931</b>			Mailing Address <b>PO BOX 308 FT. MYERS BEACH, FL 33931</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>57-1144015</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DEBOEST II, RICHARD D ESQ 1415 HENDRY STREET FT. MYERS, FL 33901</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PILTZ, RICHARD</b>		NAME		
STREET ADDRESS	<b>E-5110 INTERLACHEN BLVD.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ELEVA, WI 54738</b>		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>EDWARDS, JENNIFER</b>		NAME	<b>VP Lambert Thomas C.</b>	
STREET ADDRESS	<b>4137 BAY BEACH LANE, #543</b>		STREET ADDRESS	<b>616 Copley Place</b>	
CITY-ST-ZIP	<b>FT MYERS BEACH, FL 33931</b>		CITY-ST-ZIP	<b>Indianapolis, IN 46290</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KIM, KI-HAN</b>		NAME		
STREET ADDRESS	<b>4137 BAY BEACH LANE, #551</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FT MYERS BEACH, FL 33931</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HAWKS, EDDIE</b>		NAME	<b>Director</b>	
STREET ADDRESS	<b>4137 BAY BEACH LANE, #525</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>FT MYERS BEACH, FL 33931</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LUTHER, LEE</b>		NAME	<b>Secretary Stephen Alexander</b>	
STREET ADDRESS	<b>51 DEERHURST PARK</b>		STREET ADDRESS	<b>13622 Heritage Valley Way</b>	
CITY-ST-ZIP	<b>KENMORE, NY 14217</b>		CITY-ST-ZIP	<b>Gainesville, VA 20155</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>03/29/05</u> Daytime Phone # <u>239-765-4500</u>		